



STATE OF WEST VIRGINIA

Retiree Demographic Change Form

RETIREE NAME: _____

SOCIAL SECURITY # _____ CONTACT PHONE #: _____

INSTRUCTIONS: PLEASE RETURN THIS COMPLETED DOCUMENT TO FBMC BY MAIL OR FAX.

PLEASE SELECT THE TYPE OF CHANGE:

- Name Change* Date of Birth* Change of Address* Phone Number* Email*
 Deduct from CPRB Retirement check**

* Only the indicated demographic information will be updated, no changes to your current benefits will be made.

** I hereby authorize the WV Consolidated Public Retirement Board to deduct my insurance premiums from my monthly benefit check and make any subsequent premium changes as directed.

NAME CHANGE: (Former Name): _____ to

(New Name): _____

DATE OF BIRTH: _____

NEW ADDRESS: _____

PHONE NUMBER CHANGE: _____

EMAIL CHANGE: _____

RETIREE SIGNATURE: _____

MAIL TO: FBMC Benefits Management, Inc.
ATTN: Retiree and Direct Bill Department
P.O. Box 10789
Tallahassee, FL 32302-2789

FAX TO: 866.836.9943
ATTN: Direct Bill